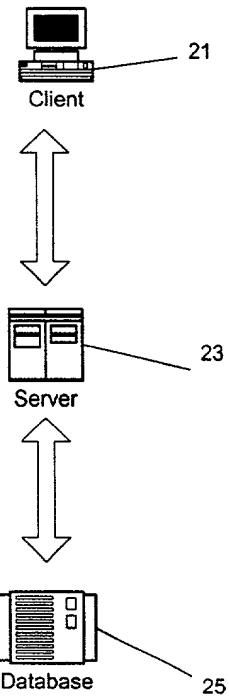


Prior Art

Fig. 1



Prior Art

Fig. 2

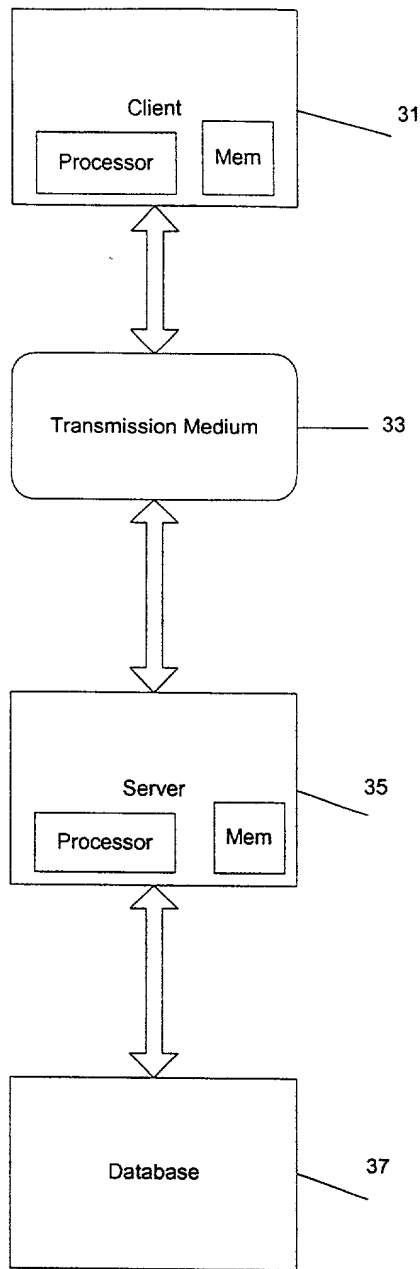


Fig. 3

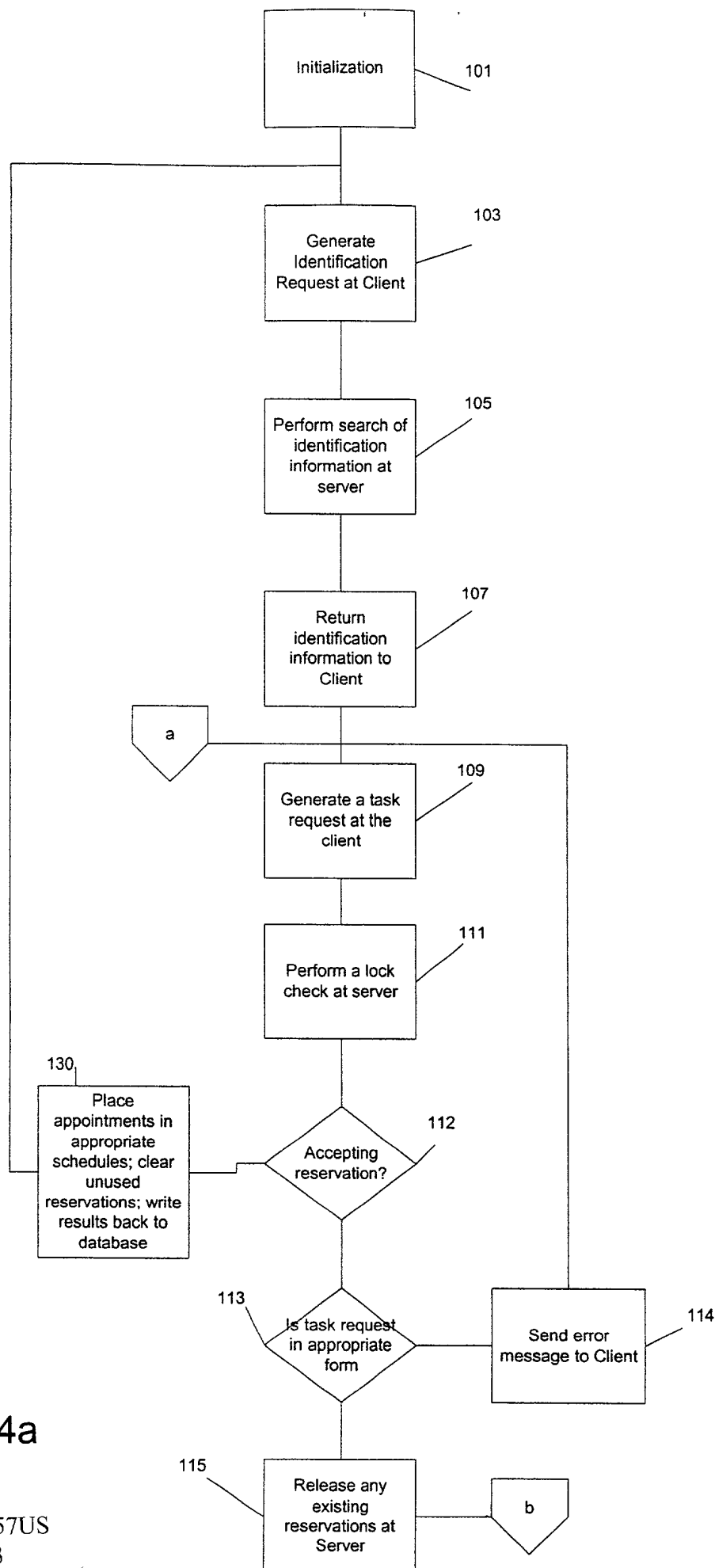


Fig. 4a

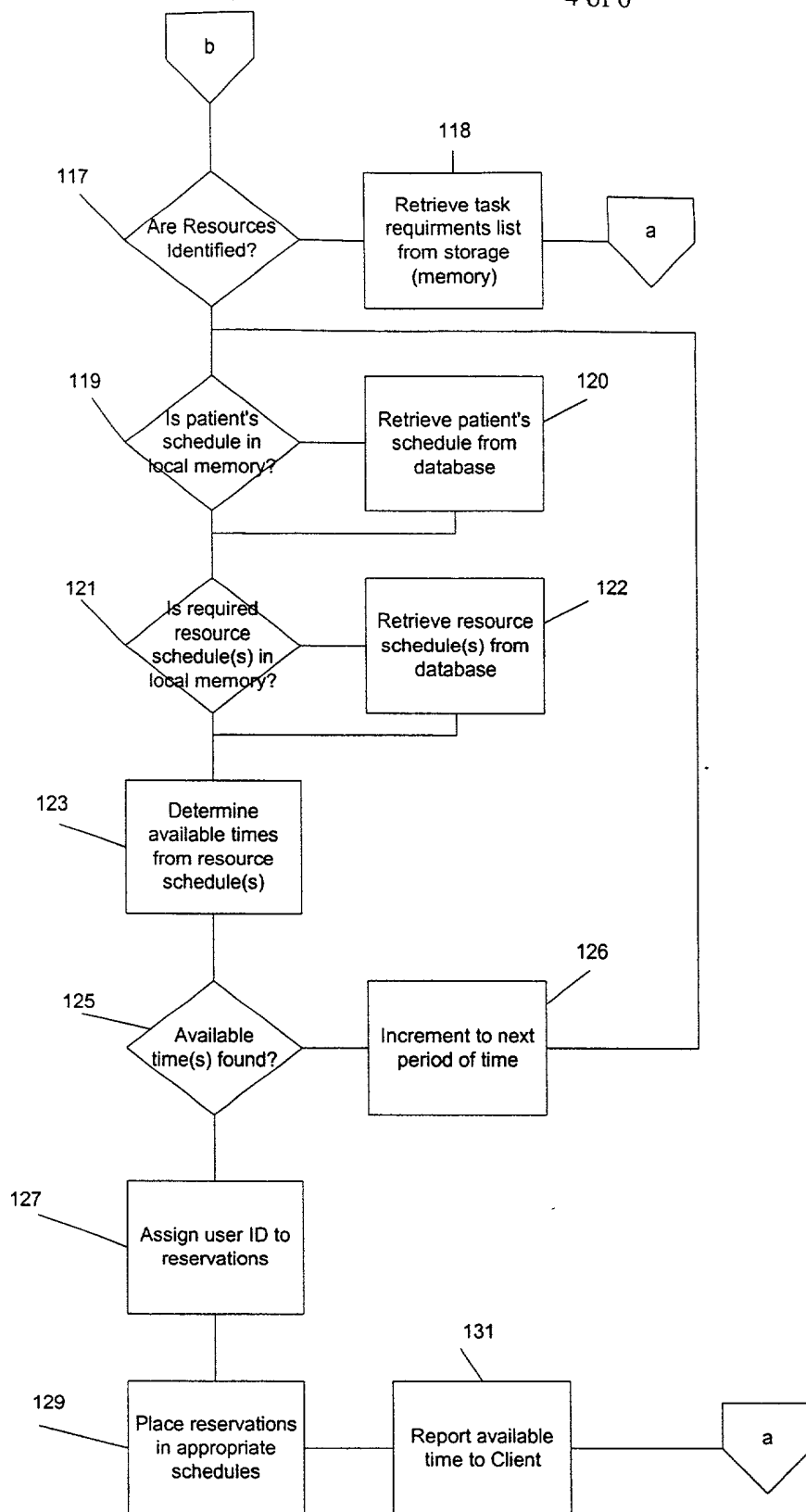


Fig. 4b

Patient Search - 6 found

Search Fields:
 Last: Address: Phone:
 First: Address 2: Birthday:
 Middle: City: Gender:
 SSN: State: Driver License:
 MRN: ZIP Code: Enterprise ID:

Search Results:

Name	Type	Birthday	Age	Address	Address2	City	State	ZIP Code	Type
	Legal	07/30/1927	73y			Oakland	CA		Hom
	Legal					Oakland	CA		Hom
	Preferred	11/27/1971	28y			Oakland	CA		Hom
	Legal	08/05/1945	55y			Hollywood	CA	01760	Hom
	Legal	02/15/1992	8y			San Francisco	CA		Hom
	Legal	07/14/1948	52y			San Francisco	CA		Hom

Quick Pick a Past Search:

FIG. 5

T04201" E6032001

<input type="checkbox"/> Search <input type="checkbox"/> Book <input checked="" type="checkbox"/> Conflict		<input type="checkbox"/> Questions <input type="checkbox"/> Notes		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> ?	
<input type="checkbox"/> Appointment	Date:	11/02/2000 Thu	Time:	01:00 PM	Number: AB2C-5649-00
<input type="checkbox"/> Role	Type:	Provider	Name:		
<input type="checkbox"/> Sequence	Type:	In Order	Code:		
<input type="checkbox"/> Task	Name:	Abdominal Pain	Time:	01:00 PM	Duration: 40 minutes
<input type="checkbox"/> Task	Name:	Back Pain (Lower)	ID:	724 2	Duration: 40 minutes
<input type="checkbox"/> Task	Date:	11/02/2000 Thu	Time:	02:40 PM	

FIG. 6